Ebola virus claims more lives in Uganda

Rhona MacDonald *BMJ*

The recent outbreak of Ebola haemorrhagic fever in the Gulu district of Uganda is continuing to claim lives. As the *BMJ* went to press, the death toll was 60, with 165 cases having been reported.

The National Institute of Virology in South Africa confirmed that the Ebola virus was the cause of the outbreak on 16 October, when 81 cases were reported, including 35 deaths.

This is the first known outbreak of the Ebola virus disease in Uganda. The Gulu district is particularly vulnerable because it is densely populated and has nearly half a million internally displaced people living in squalid conditions.

Ebola haemorrhagic fever is one of the most virulent viral diseases, causing death in 50-90% of all clinically ill people. It is transmitted through direct contact with blood, secretions, organs, and semen of infected people, putting healthcare workers particularly at risk.

The incubation period is two to 21 days, and the disease starts with fever, muscle pain, headache, and sore throat. There is no known treatment or immunisation, so isolation of suspected cases with strict barrier nursing is the only option available. Patients who die from the disease must be promptly buried or cremated.

Despite extensive ecological research in the countries where previous outbreaks have occurred —such as Zaire, Gabon, and the Ivory Coast—the natural reservoir for the virus remains unknown.

The World Health Organization (WHO) is coordinating the national response to the outbreak. Médecins Sans Frontières and the US Centers for Disease Control and Prevention have sent experienced medical staff, epidemiologists, laboratory specialists, and logisticians to help assess and contain the situation. They have also provided several tonnes of protective equipment.

SAYYID AZIM/AP PHOTO

Relatives of Ebola patients wait outside the ward at Gulu hospital

The WHO team in Gulu has reported that the isolations are well organised, with cases being managed "effectively."

Mr Greg Hartl, a spokesman for the WHO, said: "We are still in the middle of the first wave. There may be another three to four depending on transmission times. This means that this outbreak could last for another three months."

The WHO has appealed for more funds to help contain and control the outbreak. □

Phenylpropanolamine in drugs could be a risk for stroke

Fred Charatan *Florida*

A five year study by Yale University, Connecticut, has found a small, but significant risk of haemorrhagic stroke in women taking non-prescription cough and cold medicines, appetite suppressants, and some prescription decongestants containing phenylpropanolamine (PPA).

After hearing the evidence presented by the researchers—who were headed by Dr Walter Kernan, an associate professor of medicine at Yale—an advisory 14 member panel of the US Food and Drug Administration (FDA) voted overwhelmingly to ban phenylpropanolamine in non-prescription decongestants and appetite suppressants.

"It did not meet the burden of proof for safety," said Dr Eric Brass, the panel chairman, and chairman of the department of medicine at Harbor-UCLA Medical Center in Torrance, California.

Phenylpropanolamine is found in a large number of proprietary medicines, such as Alka-Seltzer Plus Cold Medicine, Contac 12 Hour Cold Capsules, Dexatrim, Dimotapp, Robitussin CF, and Triaminic DM Cold Relief.

The FDA said that six billion doses of medicines containing phenylpropanolamine were sold last year. The FDA has been receiving reports for decades that some patients taking phenylpropanolamine experienced haemorrhagic stroke, which is relatively rare compared with ischaemic stroke. Since 1969 it has received 44 such reports.

The Yale study compared 702 patients aged 18 to 49 years who had experienced haemorrhagic stroke with 1376 patients in a control group. The study and control groups contained too few men for conclusions to be drawn.

But among women the risk of haemorrhagic stroke was found to be as much as 15 times higher in those who had taken appetite suppressants in the three days before the stroke. Among women using medicines containing phenylpropanolamine for the first time, the risk of haemorrhagic stroke was three times higher than for other women.

Epidemiologists who spoke on behalf of the Consumer Healthcare Products Association, a trade group, criticised the case-control study, which has not yet been published, as flawed in design and inconclusive, with too few subjects to draw meaningful conclusions.

"It's not a very robust test of hypothesis," said Dr Charles Hennekens, a former professor of medicine at Harvard University, who was hired by the industry to review the findings. "It was unfortunate that people accepted this like it was the gospel." □